

City of San Jose Healthy Neighborhoods Lifestyle Survey

Parent Satisfaction - FY 2009-10

Agency Name—Program Identification (Opt.)

Please fill out the following survey about the impact of the *Agency Name—Program Identification (Opt.)* program on your child. Your input will help us continue to assist other youth. Please take a few minutes and answer the following questions.

Please fill in your child's birth date: Month ____ Day ____ Year ____ Today's Date: ____

Please give us the first and last initials of your child's name: First Initial ____ Last Initial ____

Please put an X in the box that best describes your opinion of this program.

1. I think that the program and activity my child participated in was:
☐ Poor ☐ Fair ☐ Good ☐ Great
2. How much did your child benefit from this program and its activities:
☐ Not at all ☐ Some ☐ A lot
3. How much did the people who ran the program care about your child?
☐ Not at all ☐ Some ☐ A lot
4. Do you think this program would help another family's child?
☐ Yes ☐ Maybe ☐ No

Please put an X in the box that best describes your child's health today, mental and physical:

5. My child's health overall is:
☐ Poor ☐ Fair ☐ Good ☐ Excellent

Mark the box to the right that best describes how you feel. Be sure to start off each question by saying, "Because of this program..." (Place a check or X in the box.)	<u>Better</u>	<u>Worse</u>	<u>The Same</u>	<u>Don't Know</u>
6. Because of this program, my child's success at school (job/training) is:				
7. Because of this program, my child's understanding of his/her interests and talents is:				
8. Because of this program, my child's ability to communicate is:				
9. Because of this program, my child's ability to learn new things is:				
10. Because of this program, my child's ability to connect with adults is:				
11. Because of this program, my child's ability to work with others is:				
12. Because of this program, my child's ability to stay safe is:				
13. Because of this program, my child's ability to interact with new people of all ages, both young and old, is:				
14. Because of this program, my child's knowledge of strategies to avoid smoking is:				
15. Because of this program, my child's knowledge of who to go to for help when she/he has a question about her/his health is:				

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